2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # 434442 1. Entity Name C. K. WALKER BUILDER, INC. 01-25-2000 90072 010 ***150.00 Principal Place of Business Mailing Address 2760 N.E. 23RD ST 2760 NE 23RD ST POMPANO BEACH FL 33062-1120 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1531796 Not A Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, C. KENNETH Street Address (P.O. Box Number is Not Acceptable) 2760 NE 23RD ST POMPANO BEACH FL 33062 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete Change TITLE WALKER, C KENNETH III NAME STREET ADDRESS STREET ADDRESS 4101 SAN LUIS CITY-ST-ZIP CITY-ST-7IP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE WALKER, JUDITH ANN NAME NAME STREET ADDRESS STREET ADDRESS 2760 NE 23RD ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Change Addition _ Delete _ TITLE TITLE WALKER, KENNETH C NAME STREET ADDRESS STREET ADDRESS 2760 NE 23RD ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALKER, ALLAN RAY NAME NAME STREET ADDRESS STREET ADDRESS **2551 NE 17TH STREET**

STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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